# Financial Questions

**Does the model limit you to only Title IV-E Family First Prevention funding streams, or could you utilize other funding streams in Virginia? (other funding streams include Medicaid, MCO's, DJJ, CSA, etc)?**

No. MST Services can currently be funded through CSA and DJJ funding for applicable cases. Beginning July 2020, Title IV-E Family First Prevention funding can be utilized for applicable cases. MST services is part of the DMAS/DBHDS Behavioral Health Redesign Phase 1, and once implemented, MST will be a Medicaid-eligible reimbursable service. MST services will work with agencies to work through funding and referral models to ensure sustainability.

**What are the estimated costs for the re-training that will come with employee attrition?**

There is a 5-day orientation training which costs approximately $850 and travel expenses as needed. There are close to 60 orientation trainings throughout the year.

**Has the reimbursement rate been established or is it negotiable?**

VDSS will reimburse on a daily rate, which will be specified in the RFP expected to be released in January 2020. Reimbursement rates for DJJ range from $80 - $89 a day. Current reimbursement rates for CSA mirror DJJ rates. VDSS intends to align, as much as possible with DJJ, CSA and future DMAS rates to ensure consistent funding for youth in need of services regardless of funding source.

**Does the youth have to already be recognized by DJJ or can they be at risk for elevation to DJJ?**

In regard to how a youth is funded for services, there will be different requirements. For example, for DJJ funding, a youth will need to have involvement with DJJ. For Title IV-E Prevention Services funding, a youth will need to be identified as a “candidate for foster care” and have an applicable service plan. For CSA funded MST services it will be based on the child's eligibility for CSA and the local FAPT/CPMT recommending and authorizing the service. It will be important that Providers understand each of the funding streams and the requirements for youth and their families.

# MST Questions

**What types of community agencies are most successful in providing MST (e.g. agencies that only provide MST or agencies that provide other mental health services as well?)**

All types of provider agencies have been successful in providing MST. Please contact us at info@mstservices.com to request a call to discuss the fit of MST within your agency.

**Can other clinical services, such as in-home services, still occur when MST is in place?**

Yes, other services such as a caregiver’s individual therapy can still occur, as long as the family and primary caregiver voluntarily desire to have these services in place. MST staff will be accountable for the coordination of services while MST is in place.

**Does the therapist have to be licensed and does the supervisor have to be license in order to provide service in the MST program?**

No, the MST model does not require staff to be licensed.

**Can team members provide services other than MST while serving on 5 MST cases? For example, if the member is an LCSW or LPC, can they continue to provide outpatient therapy?**

No, MST staff need to be full-time and dedicated to just MST services.

**How many hours of treatment are provided with each family each week?**

MST treatment is highly individualized to each youth and their family, and therefore specific set family contacts or treatment time is not prescribed by the MST model. It is typical for therapists to have direct contact with families several times a week with more intensive contact in the early weeks of a case. In many states, Medicaid systems rates have been established based on the framework that sixty or more hours of service to family members and/or case collateral contacts (e.g. DSS staff, probation, school staff and extended family) is typical.

**What is the typical caseload per clinician?**

An average caseload is 5 per therapist. Caseloads typically range from 4 to 6 cases per therapist over time. The average length of service is 3-5 months per family. When projecting costs, agencies may consider approximately 12 families for each therapist per year.

**If the youth is not in school or has legal charges pending, is that a rule-out?**

No, these are not ‘rule-out’ criteria for MST.

**Has MST been tested with different minority groups?**

Yes, and MST has consistently been proven to work well with all minority populations served in those study groups. For the most recent update in this area of research across all treatment models please see the following study: Pina, A. A., Polo, A. J. & Huey, S. J. (2019) Evidence-Based Psychosocial Interventions for Ethnic Minority Youth: The 10-Year Update, Journal of Clinical Child & Adolescent Psychology, 48:2, 179-202.  To link to this article: <https://doi.org/10.1080/15374416.2019.1567350>

**What happens if it emerges during treatment that the child has a primary mental health diagnosis?**

MST Services is not an alternative to inpatient psychiatric services. If a youth is in a mental health crisis (suicidal or homicidal), youth should be stabilized before receiving MST Services. There are not exclusionary mental health diagnoses, but youth need to be stable before receiving outpatient MST services. In many communities, the primary referral streams is mental health agencies, while other typical referral sources are DJJ and Social Services agencies. Mental health diagnoses are relevant and add to the understanding of the complexity of challenges for the long-term success of the youth.

**If you have multiple teams, can one team member "sub" for another in another area if there is a personnel need?**

This is a question that will need to be addressed on a provider-specific basis. MST is a team service (1 supervisor for 2-4 therapist staff) review all of the cases and case plans in an ongoing way with the MST trainer. Team structure and support is important because it supports service delivery to youth and their families, but also supports on-call responsibilities. This kind of “sub” arrangement would be highly unusual but can be explored.

**What are the estimated costs associated with the collection and reporting of required metrics?**

The cost that is not embedded in program administration, is the Therapist Adherence Measure (TAM – see image below for reference). This data is collected by a call-center and costs less than $6,000 per year for a full-sized team of 4 therapists. This support will be covered for the first year under the training costs.



For Title IV-E Prevention Services funding, we are required by the federal Children’s Bureau to conduct ongoing fidelity monitoring and youth and family outcomes associated with the delivery of child welfare services. VDSS acknowledges this additional requirement for service providers, and intends to provide a program administrative rate that would address the additional administrative requirements to provide services for Title IV-E Prevention Services funding.

**What is the anticipated overlap with MST's inclusionary/exclusionary criteria?**

While systems use different terminology and focus on different elements of a youth’s behavior, it is not unusual to identify MST-appropriate youth in all child-serving systems, DJJ, DSS, Foster Care, Mental Health, Substance Abuse, and on. The view of “same youth, different door” is a very appropriate way to think of an MST-appropriate referral population. We will work with agencies and their local community stakeholders to find the best language to characterize your MST program’s referral criteria and target population descriptions. Exclusionary criteria tend to be limited and our ‘standard’ language most often meets the needs of communities implementing MST.

# Training Questions

**How many training slots are available through this training opportunity?**

We hope to offer training for 5 teams in the state.

**May providers apply for training for more than one service?**

Yes, providers can apply for all 3, but cannot actually participant in more than one of the trainings that VDSS is offering.

**What is the due date for the applications?**

Applications are due no later than December 20, 2019, and will not be accepted after that date.

**Is information available concerning which communities in VA are currently underserved by MST?**

MST Service providers in Virginia can be found on the [MST Services website](http://www.mstservices.com/our-community). Providers may reach out to VDSS (familyfirst@dss.virginia.gov) to talk about potential data information for referrals to ensure sustainability of programs.

**Is our application for the chance to be trained on the model as well as a contract with the state to become an FFP reimbursable provider?**

There are two separate processes. This application is to receive assistance with training associated with becoming an MST provider. Secondly, VDSS will issue an RFP for service providers in January 2020 to partner with any provider who is certified to deliver MST, whether that is through this training opportunity, or another training opportunity. We know there are multiple providers who currently deliver MST across the state! The Children’s Services Act (CSA) is another funding source for providers to consider, in addition to Title IV-E Family First funding.

**Will providers be responsible for support after 2020?**

VDSS is paying for MST program development and start-up services. The encompasses a needs assessment session to discuss the need for MST and the feasibility of building a sustainable program; critical issues review session to discuss the key elements of a successful MST program; on-site readiness review meeting to provide an overview of MST to the community, and to meet with key stakeholders to refine the final implementation plan; staff recruitment assistance; a 5-day orientation training for each new program of up to 5 staff per team; weekly MST phone consultation for MST clinical teams (one hour per week for up to 45 weeks during the year); up to 4 booster trainings during the year; and all required training materials and manuals.

After the first year, the annual program support and training services will be the responsibility of the agency.

**How long is the training process for MST training?**

MST program support and training is ongoing. The staff support QA/QI (Quality Assurance and Quality Improvement) and professional development activities that make up the MST on-the-job-training structure are as follows: MST Orientation Training (5-days), Quarterly Booster Training (on-site 1 ½ days each quarter), weekly case plan review and phone-based consultation calls with the full MST team to provide feedback on the prior week’s progress and current case plans. Additional weekly support and development calls with the on-site MST Supervisor are a part of this support model. Annual MST Program Support and Training costs are twenty-seven thousand and eight hundred dollars ($27,800) per team per year plus additional fees for agency and team licensing, adherence monitoring calls to families (i.e. TAM data collection) and trainer travel expenses. For a full, detailed cost estimate for your agency please contact MST Services at Info@MSTServices.com to set up a program development call with your agency. All MST support costs have been built into the rates paid by VA CSA and DJJ and are expected to be included in both the future VA FFPSA and VA Medicaid agency reimbursement structures.

# Miscellaneous Questions

**Will MST replace intensive in-home services in the state of Virginia?**

MST services are an in-home services model that is evidence based, from clinical research. VDSS encourages local departments of social services to utilize trauma informed and evidence based services, when appropriate, for a family.

**Has VDSS defined 'candidacy' for FFPSA youth/families?** **How is 'at risk for foster care' going to be defined?**

In Virginia, “Candidates for foster care” is defined as a child identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement."

In Virginia, “imminent risk” means a child and family’s circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and/or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child.

Eligibility for Title IV-E Prevention Services funding, will be determined by the Local Departments of Social Services (LDSS). LDSS will be responsible for determining candidates for foster care and developing the initial service plan under the requirements of Family First.

Eligibility for CSA funded MST services will be based on the child's eligibility for CSA and the local FAPT/CPMT recommending and authorizing the service. That may or may not correspond exactly to the VDSS criteria for FFPSA.

**Do providers have to be licensed by DBHDS to provide intensive in-home services?**

There is currently not a licensing requirement/regulation for MST Services in Virginia. VDSS will not require any licensing requirement/regulation at this time, but would re-evaluate if they become part of Virginia regulations in the future.

**If you have sites in multiple regions, can they all have teams? What is the limit?**

This opportunity will fund the development of up to 5 MST teams. There is interest in ensuring representation across the state. This funding does not exclude one Program from receiving training for multiple sites.

If an agency has multiple sites delivering MST services, each team will have to receive the training. MST Services will provide a customized plan for each agency and team, if not selected for this training opportunity.

**There are currently teams out of Lynchburg, Henrico, Richmond, Winchester, Staunton, Christiansburg, Martinsville and maybe a few others. Will MST and VDSS be looking to have teams in other specific geographic areas of the state?**

VDSS will partner with MST Services in the screening of applications to look at sustainability from both programmatic and referral perspectives. Ultimately, VDSS would like to see MST services available to all LDSS in Virginia. VDSS wants to ensure sustainability of each MST program in Virginia, and to do so, several aspects are taken into consideration.

**Will DJJ expand and allow other providers to offer MST to DJJ-eligible youth since they are contracted with specific providers?**

VDSS will pass this DJJ-specific question along to DJJ to provide additional guidance.

 In regards to Title IV-E Prevention Services funding, VDSS will issue RFP’s every 6-9 months to onboard additional MST providers. Providers will not be required to re-apply for each RFP, rather follow through with their initial contract and applicable extension periods.